Correction: clinical utility and limitations of intraoperative monitoring of visual evoked potentials

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CORRECTION

Correction: Clinical Utility and Limitations of Intraoperative Monitoring of Visual Evoked Potentials

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There are errors in the Anesthesia management section of the Methods. This section should read: Following our standard protocol for neurosurgical interventions, anesthesia was induced with intravenous application of Propofol (1.5–2 mg/kg) and Fentanyl (2–3 μg/kg). The intratracheal intubation was facilitated by Atracurium (0.5 mg/kg). Anesthesia was maintained with Propofol (5–10 mg/kg/h) and Remifentanil (0.1–2 μg/kg/min). Patients were continuously relaxed with Atracurium (0.5 mg/kg/h) unless motor evoked potentials were monitored.

Reference

1. Luo Y, Regli L, Bozinov O, Sarnthein J (2015) Clinical Utility and Limitations of Intraoperative Monitoring of Visual Evoked Potentials. PLoS ONE 10(3): e0120525. doi: 10.1371/journal.pone.0120525 PMID: 25803287

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